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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 5201-20400

First Inventor or Application Identifier Tuan Q. Dao

Title Modular and Scalable System Bus Structure

Express Mail Label No. EL280543967US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing) **DJK**
2. ☒ Specification [Total Pages **21+1**]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
4. Oath or Declaration [Total Pages **4**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \* Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other: .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: **09 / 257,840**

Prior application information: Examiner **N/A** Group / Art Unit: **N/A**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

|         |                            |           |              |          |              |
|---------|----------------------------|-----------|--------------|----------|--------------|
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|         | Conley, Rose & Tayon, P.C. |           |              |          |              |
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|                   |   |                                   |         |
|-------------------|---|-----------------------------------|---------|
| Name (Print/Type) | Daniel J. Krueger   | Registration No. (Attorney/Agent) | 42,771  |
| Signature         |  | Date                              | 6/30/99 |

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|   |             |                          |                       |
|---|-------------|--------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><b>FY 1999</b><br>Patent fees are subject to annual revision.<br><br>Small Entity payment <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. |             | <b>Complete if Known</b> |                       |
|   |             | Application Number       | Not Yet Assigned      |
|   |             | Filing Date              | Concurrently Herewith |
|   |             | First Named Inventor     | Tuan Q. Dao           |
|   |             | Group Art Unit           | N/A                   |
|   |             | Examiner Name            | N/A                   |
| TOTAL AMOUNT OF PAYMENT   | (\$ 800.00) | Attorney Docket Number   | 5201-20400            |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued) |                |                 |  |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
|--|-----------------------------|----------------|-----------------|--|------------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|-----|--------------------|-----------|-----|-----|-----|-----|-------------------|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|--------------------|----|-----|-----|-----|----|------------------------|----|---------------------|--|--|--|--|------------------|--------------|-----------|-------|-------|----------|----------|--------------------|---|---|---|-------------|--------|--------------------|--|--|--|-------------|--------|--|--|--|--|----------|----|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|--------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|----------------------|--|--|--|--|----------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|----|-----|----|-----|----|--|----|-----|-----|-----|-----|---------------------------|----|-----|-------|-----|-------|---------------------------------|----|-----|------|-----|------|--|----|-----|--------|-----|--------|---|----|-----|-----|-----|----|--------------------------------------|----|-----|-----|-----|-----|--------------------------------------|----|-----|-----|-----|-----|-------------------------------------|----|-----|-------|-----|-----|-------------------------------------|----|-----|-------|-----|-----|-------------------------------------|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|--|----|-----|-----|-----|-----|--------------------------|----|-----|-------|-----|-------|---|----|-----|-----|-----|----|----------------------------------|----|-----|-------|-----|-----|------------------------------------|----|-----|-------|-----|-----|--------------------------------|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|-----------------|----|-----|-----|-----|-----|-------------------------------|----|-----|----|-----|----|--|----|-----|-----|-----|-----|--------------------------------------|----|-----|----|-----|----|--|---------|-----|-----|-----|-----|---|----|-----|-----|-----|-----|--|----|---------------------------|--|--|--|--|----|---------------------------|--|--|--|--|----|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|-----------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account No.: 03-2769<br/>         Deposit Account Name: Conley, Rose &amp; Tayon, P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <table style="width: 100%;"> <tr> <th colspan="6">1 BASIC FILING FEE</th> </tr> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>101</td> <td>760</td> <td>201</td> <td>380</td> <td>Utility filing fee</td> <td>\$ 760.00</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>108</td> <td>760</td> <td>208</td> <td>380</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>\$ 760.00</b></td> </tr> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%;"> <tr> <th>Total Claims</th> <th>15 - 20 =</th> <th>Extra</th> <th>below</th> <th>Fee from</th> <th>Fee Paid</th> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>3</td> <td>=</td> <td>0 x 18.00 =</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>0 x 78.00 =</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>260.00 =</td> <td>\$</td> </tr> </table> <table style="width: 100%;"> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUB TOTAL (2)</b></td> <td><b>\$ 0.00</b></td> </tr> </table> | 1 BASIC FILING FEE          |                |                 |  |                  |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 101 | 760 | 201 | 380 | Utility filing fee | \$ 760.00 | 106 | 310 | 206 | 155 | Design filing fee | \$ | 107 | 480 | 207 | 240 | Plant filing fee | \$ | 108 | 760 | 208 | 380 | Reissue filing fee | \$ | 114 | 150 | 214 | 75 | Provisional filing fee | \$ | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>\$ 760.00</b> | Total Claims | 15 - 20 = | Extra | below | Fee from | Fee Paid | Independent Claims | 3 | 3 | = | 0 x 18.00 = | \$0.00 | Multiple Dependent |  |  |  | 0 x 78.00 = | \$0.00 |  |  |  |  | 260.00 = | \$ | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |  | 104 | 260 | 204 | 130 | Multiple dependent claim |  | 109 | 78 | 209 | 39 | Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent |  | <b>SUB TOTAL (2)</b> |  |  |  |  | <b>\$ 0.00</b> | <p>3. ADDITIONAL FEES</p> <table style="width: 100%;"> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexam</td> <td>\$</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>\$</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>\$</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within 1st month</td> <td>\$</td> </tr> <tr> <td>116</td> <td>380</td> <td>216</td> <td>190</td> <td>Extension for reply within 2nd month</td> <td>\$</td> </tr> <tr> <td>117</td> <td>870</td> <td>217</td> <td>435</td> <td>Extension to reply within 3rd month</td> <td>\$</td> </tr> <tr> <td>118</td> <td>1,360</td> <td>218</td> <td>680</td> <td>Extension to reply within 4th month</td> <td>\$</td> </tr> <tr> <td>128</td> <td>1,850</td> <td>228</td> <td>925</td> <td>Extension to reply within 5th month</td> <td>\$</td> </tr> <tr> <td>119</td> <td>300</td> <td>219</td> <td>150</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td>120</td> <td>300</td> <td>220</td> <td>150</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>121</td> <td>260</td> <td>221</td> <td>130</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>141</td> <td>1,210</td> <td>241</td> <td>605</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>142</td> <td>1,210</td> <td>242</td> <td>605</td> <td>Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td>143</td> <td>430</td> <td>243</td> <td>215</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>144</td> <td>580</td> <td>244</td> <td>290</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional apps.</td> <td>\$</td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Dis. Stmt.</td> <td>\$</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$40.00</td> </tr> <tr> <td>146</td> <td>760</td> <td>246</td> <td>380</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td>\$</td> </tr> <tr> <td>149</td> <td>760</td> <td>249</td> <td>380</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td>\$</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>\$</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>\$</td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>\$ 40.00</b></td> </tr> </table> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | \$ | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | \$ | 139 | 130 | 139 | 130 | Non-English specification | \$ | 147 | 2,520 | 147 | 2,520 | For filing a request for reexam | \$ | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | \$ | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | \$ | 115 | 110 | 215 | 55 | Extension for reply within 1st month | \$ | 116 | 380 | 216 | 190 | Extension for reply within 2nd month | \$ | 117 | 870 | 217 | 435 | Extension to reply within 3rd month | \$ | 118 | 1,360 | 218 | 680 | Extension to reply within 4th month | \$ | 128 | 1,850 | 228 | 925 | Extension to reply within 5th month | \$ | 119 | 300 | 219 | 150 | Notice of Appeal | \$ | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | \$ | 121 | 260 | 221 | 130 | Request for oral hearing | \$ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | \$ | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | \$ | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | \$ | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | \$ | 143 | 430 | 243 | 215 | Design issue fee | \$ | 144 | 580 | 244 | 290 | Plant issue fee | \$ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | 123 | 50 | 123 | 50 | Petitions related to provisional apps. | \$ | 126 | 240 | 126 | 240 | Submission of Information Dis. Stmt. | \$ | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | \$40.00 | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) | \$ | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) | \$ | Other fee (specify) _____ |  |  |  |  | \$ | Other fee (specify) _____ |  |  |  |  | \$ | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>\$ 40.00</b> |
| 1 BASIC FILING FEE   |                             |                |                 |  |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid         |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 101  | 760                         | 201            | 380             | Utility filing fee   | \$ 760.00        |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 106  | 310                         | 206            | 155             | Design filing fee  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 107  | 480                         | 207            | 240             | Plant filing fee   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 108  | 760                         | 208            | 380             | Reissue filing fee   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 114  | 150                         | 214            | 75              | Provisional filing fee   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| <b>SUBTOTAL (1)</b>  |                             |                |                 |  | <b>\$ 760.00</b> |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Total Claims   | 15 - 20 =                   | Extra          | below           | Fee from   | Fee Paid         |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Independent Claims   | 3                           | 3              | =               | 0 x 18.00 =  | \$0.00           |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Multiple Dependent   |                             |                |                 | 0 x 78.00 =  | \$0.00           |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
|  |                             |                |                 | 260.00 =   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid         |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 103  | 18                          | 203            | 9               | Claims in excess of 20   |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 102  | 78                          | 202            | 39              | Independent claims in excess of 3  |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 104  | 260                         | 204            | 130             | Multiple dependent claim   |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 109  | 78                          | 209            | 39              | Reissue independent claims over original patent                            |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 110  | 18                          | 210            | 9               | Reissue claims in excess of 20 and over original patent                    |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| <b>SUB TOTAL (2)</b>   |                             |                |                 |  | <b>\$ 0.00</b>   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid         |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 105  | 130                         | 205            | 65              | Surcharge - late filing fee or oath  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 127  | 50                          | 227            | 25              | Surcharge - late provisional filing fee or cover sheet                     | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 139  | 130                         | 139            | 130             | Non-English specification  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 147  | 2,520                       | 147            | 2,520           | For filing a request for reexam  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 112  | 920*                        | 112            | 920*            | Requesting publication of SIR prior to Examiner action                     | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 113  | 1,840*                      | 113            | 1,840*          | Requesting publication of SIR after Examiner action                        | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 115  | 110                         | 215            | 55              | Extension for reply within 1st month                                       | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 116  | 380                         | 216            | 190             | Extension for reply within 2nd month                                       | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 117  | 870                         | 217            | 435             | Extension to reply within 3rd month  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 118  | 1,360                       | 218            | 680             | Extension to reply within 4th month  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 128  | 1,850                       | 228            | 925             | Extension to reply within 5th month  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 119  | 300                         | 219            | 150             | Notice of Appeal   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 120  | 300                         | 220            | 150             | Filing a brief in support of an appeal                                     | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 121  | 260                         | 221            | 130             | Request for oral hearing   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 138  | 1,510                       | 138            | 1,510           | Petition to institute a public use proceeding                              | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 140  | 110                         | 240            | 55              | Petition to revive - unavoidable   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 141  | 1,210                       | 241            | 605             | Petition to revive - unintentional   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 142  | 1,210                       | 242            | 605             | Utility issue fee (or reissue)   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 143  | 430                         | 243            | 215             | Design issue fee   | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 144  | 580                         | 244            | 290             | Plant issue fee  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 122  | 130                         | 122            | 130             | Petitions to the Commissioner  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 123  | 50                          | 123            | 50              | Petitions related to provisional apps.                                     | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 126  | 240                         | 126            | 240             | Submission of Information Dis. Stmt.                                       | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 581  | 40                          | 581            | 40              | Recording each patent assignment per property (times number of properties) | \$40.00          |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 146  | 760                         | 246            | 380             | Filing a submission after final rejection (37 CFR 1.129(a))                | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| 149  | 760                         | 249            | 380             | For each additional invention to be examined (37 CFR 1.129(b))             | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Other fee (specify) _____  |                             |                |                 |  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| Other fee (specify) _____  |                             |                |                 |  | \$               |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| *Reduced by Basic Filing Fee Paid  |                             |                |                 |  |                  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |
| <b>SUBTOTAL (3)</b>  |                             |                |                 |  | <b>\$ 40.00</b>  |  |                |                 |                |                 |                 |          |     |     |     |     |                    |           |     |     |     |     |                   |    |     |     |     |     |                  |    |     |     |     |     |                    |    |     |     |     |    |                        |    |                     |  |  |  |  |                  |              |           |       |       |          |          |                    |   |   |   |             |        |                    |  |  |  |             |        |  |  |  |  |          |    |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                      |  |  |  |  |                |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |    |     |    |     |    |  |    |     |     |     |     |                           |    |     |       |     |       |                                 |    |     |      |     |      |  |    |     |        |     |        |   |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |  |    |     |     |     |     |                                      |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |                 |

| SUBMITTED BY          |  |                   |           | Complete (if applicable) |        |
|-----------------------|--|-------------------|-----------|--------------------------|--------|
| Typed or Printed Name |  | Daniel J. Krueger |           | Registration Number      | 42,771 |
| Signature             |  | Date              | * 6/30/99 | Deposit Account User ID  |        |